UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF TENNESSE AT NASHVILLE

Civil Action No.:
Jury Demand

COMPLAINT

The Plaintiff, for this cause of action, respectfully states to the Court and the Jury the following:

PARTIES, VENUE, AND JURISDICTION

- 1. The Plaintiff, John Ryan, Jr. ("the Plaintiff" or "Mr. Ryan"), is an adult resident of Illinois at the time of the filing of this lawsuit. Mr. Ryan was also a resident of Illinois when the surgery referenced herein was performed.
- 2. Vanderbilt University Medical Center ("Vanderbilt") does business in Nashville, Tennessee, and did so at the time of the care and treatment referenced herein.
- 3. Vanderbilt is a hospital licensed by the Tennessee Department of Health Board for Licensing Health Care Facilities and it does business in Tennessee.
- 4. Vanderbilt is a "health care provider" as that term is defined by Tenn. Code Ann. §29-26-101(2)(B).

- 5. Vanderbilt's principal place of business is in Nashville, Davidson County, Tennessee.
- 6. Vanderbilt can be served with process via its Registered Agent, National Registered Agents, Inc., 300 Montvue Road, Knoxville, TN 37919-5546.
- 7. Dr. Daniel Barocas ("Dr. Barocas") is a medical doctor, and he was employed by Vanderbilt at all times referenced herein.
 - 8. Vanderbilt and Dr. Barocas were properly served with a copy of this Complaint.
- 9. Through its employees and agents, Vanderbilt provided care and treatment to the decedent, including during the May 29, 2024 surgery ("the surgery") referenced herein, in Davidson County, Tennessee.
- 10. At all times referenced herein, the health care providers who provided care and treatment to Mr. Ryan during the surgery were employees and/or agents of Vanderbilt.
- 11. At the time of the matters contained in this Complaint, Vanderbilt and Vanderbilt's employees and agents had healthcare provider-patient relationships with Mr. Ryan.
- 12. The Court has jurisdiction over this matter via diversity jurisdiction under 28 U.S.C. §1332.

FACTS AND CLAIMS

- 13. On May 29, 2024, Dr. Barocas performed a surgery on Mr. Ryan ("the surgery") at Vanderbilt. They surgery included (1) a robot-assisted laparoscopic prostatectomy (RALP) and (2) a robot-assisted laparoscopic bilateral pelvic lymphadenectomy.
- 14. The surgery also involved a surgical resident, Dr. Olutiwa Akinsola ("Dr. Akinsola").
 - 15. Dr. Barocas was responsible for supervising Dr. Akinsola during the surgery.

- 16. During the surgery, a clip was placed on Mr. Ryan's obturator nerve during the pelvic lymph node dissection portion of the surgery ("the wrongly placed surgical clip"). This clip placement should not have occurred during the surgery.
 - 17. Dr. Barocas placed the clip on Mr. Ryan's obturator nerve.
- 18. After the clip was mistakenly placed on the obturator nerve, someone involved in the surgery cut across approximately 40% of the diameter of the obturator nerve, which was not something that should have occurred during the surgery.
- 19. Dr. Barocas is the person who cut across approximately 40% of the diameter of Mr. Ryan's obturator nerve.
 - 20. The wrongly placed surgical clip caused an injury to Mr. Ryan's obturator nerve.
- 21. The surgical cutting of the obturator nerve caused an injury to Mr. Ryan's obturator nerve.
- 22. The placement of the surgical clip on the obturator nerve and the cutting of the obturator nerve combined to cause injury to Mr. Ryan's obturator nerve.
- 23. Mr. Ryan has had no improvement regarding his obturator nerve injury, including as seen by Dr. Barocas during at least one post-operative office visit.
 - 24. The injury to Mr. Ryan's obturator nerve is likely permanent.
- 25. In November 2024, Dr. Barocas signed disability documents for Mr. Ryan regarding the obturator nerve injury ("the disability documents").
- 26. Dr. Barocas was accurate and honest with regard to what Dr. Barocas stated and attested to in the disability documents he signed for Mr. Ryan in November 2024.
- 27. Vanderbilt, including through its employees and agents, and including, but not limited to, Dr. Barocas, owed Mr. Ryan a duty to provide appropriate care and treatment that was

acceptable under the recognized standard of acceptable professional practice ("standard of care"), including during the time in question.

- 28. Vanderbilt and its employees and/or agents, including, but not limited to, Dr. Barocas, were negligent / failed to comply with the applicable recognized standard of acceptable professional practice in not providing appropriate care and treatment to Mr. Ryan, including, but not limited to, (a) negligently placing a surgical clip on the obturator nerve, (b) negligently cutting the obturator nerve, (c) negligently failing to properly identify the relevant anatomy, and specifically the obturator nerve, to avoid causing injury to it via clipping it and cutting it, and (d) failing to properly supervise other providers involved in the surgery.
- 29. As a result of the negligence described herein, Mr. Ryan suffered an injury to his obturator nerve.
- 30. Vanderbilt is legally responsible for the negligence of its employees via the legal theory of *respondeat superior*.
- 31. Vanderbilt is legally responsible for the negligence of its agents via the legal theory of vicarious liability.
- 32. As a direct and proximate result of the failures to comply with the applicable standard of care as described herein, Mr. Ryan suffered a personal injury and damages. The corresponding injuries and damages include, but are not limited to: physical pain and suffering, permanent impairment, emotional pain and suffering, lost earning capacity, lost earnings, loss of enjoyment of life, and all other damages available in this personal injury action, all of which would not otherwise have incurred absent the negligence described herein.

TENN. CODE ANN. §29-26-121

- 33. The requirements of Tenn. Code Ann. §29-26-121 do not apply in federal court actions. *Galaz v. Warren County*, 2023 U.S. Dist. LEXIS 59969, *8-9 (E.D. Tenn. Apr. 5, 2023) (citing *Albright v. Christensen*, 24 F.4th 1039 (6th Cir. 2022)). Nonetheless, the Plaintiff, through counsel, complied with the provisions of Tenn. Code Ann. §29-26-121 requiring individuals asserting a potential health care liability claim to give written notice of such potential claim to each health care provider that will be a named Defendant at least 60 days prior to filing a complaint ("Notice" or "Pre-Suit Notice"). On or around February 6, 2025, Notice was sent to the Defendants in accordance with Tenn. Code Ann. §29-26-121. The Affidavit of Brian Cummings and supporting documentation demonstrating compliance are attached to this Complaint as **Exhibit 1**.
- 34. The Notice was mailed to the Defendants via certified mail less than one year from the time the care and treatment provided herein occurred.
- 35. The Complaint was filed more than 60 days after the Defendants were sent Notice via certified mail.
 - 36. The Notice described herein was provided within the applicable period of time.
 - 37. This suit is timely filed before the applicable statute of limitations expired.
- 38. The Defendants had the opportunity to review the facts of this matter between the time of sending out of Pre-Suit Notice and the filing of this Complaint. No agent or representative for the Defendants ever communicated to counsel for the Plaintiff any inability or problem with obtaining or reviewing the pertinent medical records, which counsel for the Plaintiff provided access to via an appropriate, HIPAA-compliant release for the Defendants to obtain, and no communication was made on behalf of the Defendants that any person or entity who was not sent Pre-Suit Notice may be responsible or liable for the decedent's death.

TENN. CODE ANN. §29-26-122

39. The requirements of Tenn. Code Ann. §29-26-122 do not apply in federal court actions. *Galaz v. Warren County*, 2023 U.S. Dist. LEXIS 59969, *8-9 (E.D. Tenn. Apr. 5, 2023) (citing *Albright v. Christensen*, 24 F.4th 1039 (6th Cir. 2022)). Nonetheless, in accordance with Tenn. Code Ann. §29-26-122, the Plaintiff's counsel has consulted with one or more experts who provided a signed written statement confirming that upon information and belief they are competent under Tenn. Code Ann. §29-26-115 to express opinions in this case and believe, based on the information available from medical records concerning the care and treatment of the Plaintiff that there is a good faith basis to maintain this action consistent with the requirements of Tenn. Code Ann. §29-26-115. The Certificate of Good Faith demonstrating the same is attached to this Complaint as **Exhibit 2**.

PRAYER FOR RELIEF

WHEREFORE, the Plaintiff prays for the following relief:

- 1. That proper process be issued and be served upon the Defendants, and the Defendant be required to appear and answer this Complaint within the time required by law;
- 2. That the Plaintiff be awarded fair and reasonable damages, including compensatory damages up to \$4,000,000.00;
- 3. That the Plaintiff be awarded the costs of trying this action;
- 4. That this action be heard by a jury;
- 5. That costs of this action be taxed to the Defendants:
- 6. That the Plaintiff be awarded all and any such other and further relief as the Court deems proper; and,
- 7. That the Plaintiff's right to amend this Complaint to conform to the evidence be reserved.

RESPECTFULLY SUBMITTED,

/s/ Brian Cummings

Brian Cummings, #19354
Cummings Law
4235 Hillsboro Pike, #300
Nashville, TN 37215
(615) 800-6822 (phone)
(615) 815-1876 (fax)
brian@cummingsinjurylaw.com
Attorney for the Plaintiff

COLLECTIVE EXHIBIT 1

UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF TENNESSE AT NASHVILLE

JOHN RYAN, JR.,)
Plaintiff,) Civil Action No.:
v.) Jury Demand
VANDERBILT UNIVERISTY MEDICAL CENTER and DANIEL))
BAROCAS, M.D.,	Ć
Defendant.)
DEMONSTRATING THE	BRIAN CUMMINGS PLAINTIFF'S COMPLIANCE ANN. §29-26-121(a)(3)(B)
STATE OF TENNESSEE)	
COUNTY OF DAVIDSON)	

After first being duly sworn, the affiant, Brian Cummings, states as follows:

- 1. My name is Brian Cummings. I am an adult citizen, over the age of 18 years, and I am competent to make the statements contained in this Affidavit.
- 2. On February 6, 2025, written notice of a potential health care liability action was mailed (documents attached) by me to the Defendants, including a list of the names and addresses of all of the providers who were being sent a notice, as well as HIPAA-compliant medical authorizations permitting all of the listed providers to obtain complete medical records from one another, by certified mail, electronic return receipt requested, after obtaining a Certificate of

Mailing as included herein, from the U.S. Postal Service to the addresses documented within Collective Exhibit 1.

Further Affiant sayeth not.

Sworn to and subscribed before me on April 18, 2025:

My Commission Expires:



stamps .com Certified Mail Labels (SDC-3930)

Covered by and/or for use with U.S. Patents 6,244,763; 6,868,406; 7,216,110; 7,236,956; 7,236,970; 7,490,065; 7,567,940; 7,613,639; 7,743,043; 7,882,048,927,926; 8,027,927; 8,027,935; 8,041,644; 8,046,823; 8,103,647; 8,195,579; 8,301,572; 8,392,391; 8,498,943 and 8,843,464. WITHOUT Physical Return 3. Peel the Certified Mail label Peel the Certified Mail label above and fold it over your 1. Apply this label to the TOP below and fold it over your 1. Apply address label above Apply address label below (Uses Return Receipt Card) 2. Apply this card to the TOP the existing Certified Mail the existing Certified Mail envelope, just above the postage so that it covers 1 envelope, just above the (No Return Receipt Card) postage so that it covers **WITH Physical Return** to the back of this card. EDGE of the mailpiece. Each sheet can be used for one Certified Mail piece, which can be sent without Physical Return Receipt Service (Option 🕲) or with Physical Return Receipt Service (Option 📵). EDGE of the mailpiece. when used with when used with 🖎 or Return Address to the CENTER of the - Fold and Tear **Delivery Address** Certified Mail Certified Mail Receipt Service Receipt Service mailpiece. Instructions Instructions marking. Attn: C. Wright Pinson, MBA, MD 063S0010555000 CERTIFIED MAIL CERTIFIED MAIL CERTIFIED MAIL Vanderbilt Univ. Medical Center C Stamps Vashville TN 37232-0004 1211 Medical Center Dr Domestic Return Receipt C. Date of Delivery COMPLETE THIS SECTION ON DELIVERY CERTIFIED MAIL Yes 9414 8118 9956 0511 8313 38 A. Signature: (\(\text{Addressee or } \text{Agent}) D. Is delivery address different from item 1? If YES, enter delivery address below: ²S Form 3800 6/02 B. Received By: (Printed Name) \$3.590 \$4.850 \$8.440 3. Service Type Postmark Total Postage & Fees: Postage per piece Certified Fee FEES 4235 Hillsboro Pike, Suite 300 Attn: C. Wright Pinson, MBA, MD Vanderbilt Univ. Medical Center Attach this card to the back of the mailpiece, or on the front if space permits. Nashville TN 37215-3344 SENDER: COMPLETE THIS SECTION Nashville TN 37232-0004 2. Article Number (Transfer from service label) OUTBOUND TRACKING NUMBER 9414 8118 9956 0511 8313 38 1211 Medical Center Dr PS Form 3811 Facsimile, July 2015 (SDC 3930) Ensure items 1, 2, and 3 are completed Brian Cummings ARTICLE ADDRESS TO Cummings Law 1. Article Addressed to: /25 11 of 51 PageID #: 11 stamps .com Case 3:25-cv-(V.53 Postar Service 智品の野で記る ★ 1-UP Laser Form ★ ★ USA CMF - 134 01/22 ★ **Certified Mail Receipt**

CERTIFIED MAIL

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CUMMINGS LAW

Brian Cummings Licensed to practice in TN, GA, FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300 Nashville, TN 37215

Phone: (615) 319-4347 Fax: (615) 815-1876

February 6, 2025

VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT

Vanderbilt Univ. Medical Center Attn: C. Wright Pinson, MBA, MD 1211 Medical Center Dr. Nashville, TN 37232

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear C. Wright Pinson:

I represent John Ryan, Jr. ("Mr. Ryan" or "the patient") in a health care liability matter that will be filed against Vanderbilt University Medical Center ("Vanderbilt") and/or Dr. Daniel Barocas ("Dr. Barocas").

Mr. Ryan underwent surgery at Vanderbilt on or around May 29, 2024 ("the surgery"). The surgery included a robotic assisted laparoscopic prostatectomy and a bilateral laparoscopic robotic pelvic lymphadenectomy. During the procedure, Mr. Ryan's obturator nerve was clipped / severed, and this caused injury and damages to Mr. Ryan. The medical records from Vanderbilt, including the Operative Report, document that the unplanned and mistaken clipping / severing of the obturator nerve occurred during the surgery. The Long Term Disability form signed by Dr. Barocas on or around November 4, 2024 documents some or all of the resulting injuries and damages.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt and Dr. Barocas. This is a personal injury, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt and Dr. Barocas, including its / his employees and agents, and including its / his physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the surgery. This includes, but is not limited to, negligent care related to the clipping / severing of, and injury to, the obturator nerve, and the failure to properly supervise the surgical resident who was involved in the surgery. These failures to comply with the applicable, recognized standard of acceptable professional practice caused injuries and damages to Mr. Ryan.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, permanent injury, past medical expenses, physical pain and suffering – past and future, emotional pain and suffering – past and future, loss of enjoyment of life – past and future, lost income, loss of earning capacity, future medical expenses, and all other available damages available in a personal injury, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:

John Ryan, Jr.

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

John Ryan, Jr. (patient) 1327 Holley Lane Metropolis, IL 62960

The name and address of the attorney sending this notice are:

Brian Cummings Cummings Law 4235 Hillsboro Pike, #300 Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at <u>brian@cummingsinjurylaw.com</u> or at 615-319-4347 (cell).

Sincerely,

Brian Cummings

Enclosures

NAMES & ADDRESSES OF ALL PROVDERS BEING SENT A NOTICE PURSUANT TO TENN. CODE ANN. §29-26-121(a)

<u>Provider</u>	Address – TN Dept of Health	Current Business Address	Registered Agent Address
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson	1161 21 st Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State)	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)
		3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State)	
Daniel Barocas	Vanderbilt Univ. Medical Center 1301 Medical 3800 The Vanderbilt Clinic Nashville, TN 37232	Vanderbilt Univ. Medical Center 1301 Medical Center Dr., #3800 Nashville, TN 37232	

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS				
Patient Name: JOHN RYAN, JR.	Date of Birth:	Social Security Number:		
Te: Any and all health care providers listed under RECIPIENTS on page 2 of this document, and their representatives, employees, and agents As demonstrated by my signature below, I authorize all of the RECIPIENTS listed on Page 2 of this document to obtain all records FOR ALL DATES from the PROVIDERS listed on Page 2 of this document, including, but not limited to, (a) all medical records, (b) all medical billing records, (c) all x-rays, imaging, and corresponding radiology reports, and (d) any other type of records with any type of information." This authorization will expire on the following (fill in the Date or the Event but not both)				
Date: 61-62-2026				
Purpose of Disclosure: Compliance	e with Tenn. Code Ann. § 29-26-12			
Description of Information to be Use	ed or Disclosed: All PHI in Medi	cal Record for All Dates		
 I understand that: I may refuse to sign this authorization and it is strictly voluntary. If I do not sign this form, my health care and the payment history for my health care will not be affected unless stated otherwise. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation. If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed. I understand my attorney will receive copies of all records received through this authorization. I, through my attorney, will receive a copy of this form after I sign it. 				
	VIDER AND RECIPIENT			
The purpose of the release of my records is for review by any and all of the Recipients listed on Page 2 of this document. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN 37215, within five days after the records are obtained via this authorization, if feasible, and with email transmittal being preferred to reduce / eliminate costs.				
SECTION C: SIGNATURES				
I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol. drug, psychiatric, HIV testing, HIV results, or AIDS information.				
Signature of Patient / Plan Member / Guardian / Representative: Date: 1/27 25				
Print Name of Guardian / Representa	tive (if applicable);	Relationship to Patient (if applicable):		

RECIPIENTS (Name & Address)	PROVIDERS (Name & Address)
VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232	VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232
DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232	DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232

Each sheet can be used for one Certified Mail piece, which can be sent without Physical Return Receipt Service (Option 🚨) or with Physical Return Receipt Service (Option 🕒).

(No Return Receipt Card)

063S0010555000

stamps .com

4235 Hillsboro Pike, Suite 300 Nashville TN 37215-3344 Brian Cummings Cummings Law

CERTIFIED MAIL

PS Form 3800 6/02

\$3.590 \$4.850 \$8.440

Total Postage & Fees: Postage per piece Certified Fee

FEES

US POSTAGE IMI FIRST-CLASS FROM 37215 02/06/2025

LI Stamps

WITHOUT Physical Return Certified Mail Receipt Service

1. Apply this label to the TOP Apply address label below EDGE of the mailpiece. to the CENTER of the

Instructions

3. Peel the Certified Mail label below and fold it over your the existing Certified Mail envelope, just above the postage so that it covers mailpiece. marking.

when used with 🚨 or Return Address **Delivery Address**

when used with

Top of the page

1

WITH Physical Return ← Fold and Tear Certified Mail Receipt Service

(Uses Return Receipt Card)

1. Apply address label above Instructions

2. Apply this card to the TOP to the back of this card. EDGE of the mailpiece.

Certified Mail Labels (SDC-3930)Covered by and/or for use with U.S. Patents 6,244,763; 6,868,406; 7,216,110; 7,236,956; 7,236,970; 7,490,065; 7,567,940; 7,613,639; 7,743,043; 7,882,094; 8,027,926; 8,027,927; 8,027,935; 8,041,644; 8,046,823; 8,103,647; 8,195,579; 8,301,572; 8,392,391; 8,498,943 and 8,843,464.

3. Peel the Certified Mail label above and fold it over your the existing Certified Mail envelope, just above the postage so that it covers

Vanderbilt Univ. Medical Center Medical Center North D-3300 Vashville TN 37232-5545 1161 21st Ave., S.

CERTIFIED MAIL

Postmark

Vanderbilt Univ. Medical Center

Medical Center North D-3300

1161 21st Ave., S.

Nashville TN 37232-5545

CERTIFIED MAIL

CERTIFIED MAIL

COMPLETE THIS SECTION ON DELIVERY

A. Signature: (☐ Addressee or ☐ Agent)

D. Is delivery address different from item 1? If YES, enter delivery address below:

C. Date of Delivery

B. Received By: (Printed Name)

Case 3:25-cv-(

04.43 Postar service **Certified Mail Receipt**

ARTICLE ADDRESS TO:

SENDER: COMPLETE THIS SECTION

Attach this card to the back of the mailpiece, or on the front if space permits.

Ensure items 1, 2, and 3 are completed

★ 1-UP Laser Form ★ WUSA CMF - 134 01/22 ★

2. Article Number (Transfer from service label)

PS Form 3811 Facsimile, July 2015 (SDC 3930)

3. Service Type

Domestic Return Receipt

CERTIFIED MAIL

1. Article Addressed to:

17 of 51 PageID #: 17 **stamps**

CUMMINGS LAW

Brian Cummings Licensed to practice in TN, GA, FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300 Nashville, TN 37215

Phone: (615) 319-4347 Fax: (615) 815-1876

February 6, 2025

VIA U.S. CERTIFIED MAIL - ELECTRONIC RETURN RECEIPT

Vanderbilt Univ. Medical Center 1161 21st Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear Vanderbilt University Medical Center:

I represent John Ryan, Jr. ("Mr. Ryan" or "the patient") in a health care liability matter that will be filed against Vanderbilt University Medical Center ("Vanderbilt") and/or Dr. Daniel Barocas ("Dr. Barocas").

Mr. Ryan underwent surgery at Vanderbilt on or around May 29, 2024 ("the surgery"). The surgery included a robotic assisted laparoscopic prostatectomy and a bilateral laparoscopic robotic pelvic lymphadenectomy. During the procedure, Mr. Ryan's obturator nerve was clipped / severed, and this caused injury and damages to Mr. Ryan. The medical records from Vanderbilt, including the Operative Report, document that the unplanned and mistaken clipping / severing of the obturator nerve occurred during the surgery. The Long Term Disability form signed by Dr. Barocas on or around November 4, 2024 documents some or all of the resulting injuries and damages.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt and Dr. Barocas. This is a personal injury, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt and Dr. Barocas, including its / his employees and agents, and including its / his physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the surgery. This includes, but is not limited to, negligent care related to the clipping / severing of, and injury to, the obturator nerve, and the failure to properly supervise the surgical resident who was involved in the surgery. These failures to comply with the applicable, recognized standard of acceptable professional practice caused injuries and damages to Mr. Ryan.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, permanent injury, past medical expenses, physical pain and suffering – past and future, emotional pain and suffering – past and future, loss of enjoyment of life – past and future, lost income, loss of earning capacity, future medical expenses, and all other available damages available in a personal injury, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:

John Ryan, Jr.

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

John Ryan, Jr. (patient) 1327 Holley Lane Metropolis, IL 62960

The name and address of the attorney sending this notice are:

Brian Cummings Cummings Law 4235 Hillsboro Pike, #300 Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at brian@cummingsinjurylaw.com or at 615-319-4347 (cell).

Sincerely,

Brian Cummings

Enclosures

NAMES & ADDRESSES OF ALL PROVDERS BEING SENT A NOTICE PURSUANT TO TENN. CODE ANN. §29-26-121(a)

Provider	Address – TN Dept of Health	Current Business Address	Registered Agent Address
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson	1161 21 st Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State)	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)
		3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State)	
Daniel Barocas	Vanderbilt Univ. Medical Center 1301 Medical 3800 The Vanderbilt Clinic Nashville, TN 37232	Vanderbilt Univ. Medical Center 1301 Medical Center Dr., #3800 Nashville, TN 37232	

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS				
Patient Name:	Date of Birth:	Social Security Number:		
JOHN RYAN, JR.				
To: Any and all health care provide representatives, employees, and a	ders listed under RECIPIENTS on pag agents	ge 2 of this document, and their		
As demonstrated by my signature below, I authorize all of the RECIPIENTS listed on Page 2 of this document to obtain all records FOR ALL DATES from the PROVIDERS listed on Page 2 of this document, including, but not limited to, (a) all medical records. (b) all medical billing records, (c) all x-rays, imaging, and corresponding radiology reports, and (d) any other type of records with any type of information."				
This authorization will expire on Date: 61-62-202	the following (fill in the Date or the E Event:	ivent but not both)		
	ince with Tenn. Code Ann. § 29-26-12	21		
Description of Information to be	Used or Disclosed: All PHI in Med	ical Record for All Dates		
 I understand that: I may refuse to sign this authorization and it is strictly voluntary. If I do not sign this form, my health care and the payment history for my health care will not be affected unless stated otherwise. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation. If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed. I understand my attorney will receive copies of all records received through this authorization. I, through my attorney, will receive a copy of this form after I sign it. SECTION B: NOTICE TO PROVIDER AND RECIPIENT The purpose of the release of my records is for review by any and all of the Recipients listed on Page 2 of this 				
document. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN 37215, within five days after the records are obtained via this authorization, if feasible, and with email transmittal being preferred to reduce / eliminate costs.				
SECTION C: SIGNATURES				
I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol. drug, psychiatric, HIV testing, HIV results, or AIDS information.				
Signature of Patient / Plan Member / Guardian / Representative: Date:				
Print Name of Guardian / Represe	ntative (if applicable):	Relationship to Patient (if applicable):		

PROVIDERS (Name & Address)
VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232
DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232

Each sheet can be used for one Certified Mail piece, which can be sent without Physical Return Receipt Service (Option 🚨) or with Physical Return Receipt Service (Option 🕒).

CERTIFIED MAIL

WITHOUT Physical Return (No Return Receipt Card) Certified Mail Receipt Service

stamps .com

1. Apply this label to the TOP Apply address label below EDGE of the mailpiece. to the CENTER of the Instructions

3. Peel the Certified Mail label below and fold it over your the existing Certified Mail envelope, just above the postage so that it covers mailpiece. marking.

when used with when used with 🖎 or Return Address **Delivery Address**

Top of the page

1

WITH Physical Return - Fold and Tear Certified Mail

(Uses Return Receipt Card) Receipt Service

Instructions

1. Apply address label above 2. Apply this card to the TOP to the back of this card.

3. Peel the Certified Mail label above and fold it over your the existing Certified Mail envelope, just above the postage so that it covers EDGE of the mailpiece.

Certified Mail Labels (SDC-3930)

Covered by and/or for use with U.S. Patents 6,244,763; 6,868,406; 7,216,110; 7,236,956; 7,236,970; 7,490,065; 7,567,940; 7,613,639; 7,743,043; 7,882,094; 8,027,926; 8,027,927; 8,027,935; 8,041,644; 8,046,823; 8,103,647; 8,195,579; 8,301,572; 8,392,391; 8,498,943 and 8,843,464.

C Stamps

Vanderbilt Univ. Medical Center 3322 West End Ave Ste 1100 Nashville TN 37203-1000

CERTIFIED MAIL

CERTIFIED MAIL

Postmark

CERTIFIED MAIL

COMPLETE THIS SECTION ON DELIVERY

A. Signature: (☐ Addressee or ☐ Agent)

D. Is delivery address different from item 1? If YES, enter delivery address below:

C. Date of Delivery

B. Received By: (Printed Name)

9414 8118 9956 0511 0025 85 PS Form 3800 6/02 \$3.590 \$4.850 \$8.440 Certified Fee Total Postage & Fees: Postage per piece 4235 Hillsboro Pike, Suite 300 Nashville TN 37215-3344 OUTBOUND TRACKING NUMBER 9414 8118 9956 0511 0025 85 ARTICLE ADDRESS TO:

Nashville TN 37203-1000

SENDER: COMPLETE THIS SECTION

Attach this card to the back of the mailpiece, or on Ensure items 1, 2, and 3 are completed.

1. Article Addressed to:

3. Service Type

23 of 51 PageID #: 2 **stamps** .com

Case 3:25-cv-

Brian Cummings

Cummings Law

04.53 Postar service **Certified Mail Receipt**

Vanderbilt Univ. Medical Center 3322 West End Ave Ste 1100

★ 1-UP Laser Form ★ ★WUSA CMF - 134 01/22 ★

2. Article Number (Transfer from service label)

PS Form 3811 Facsimile, July 2015 (SDC 3930)

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Domestic Return Receipt

CUMMINGS LAW

Brian Cummings Licensed to practice in TN, GA, FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300 Nashville, TN 37215

> Phone: (615) 319-4347 Fax: (615) 815-1876

February 6, 2025

VIA U.S. CERTIFIED MAIL - ELECTRONIC RETURN RECEIPT

Vanderbilt Univ. Medical Center 3322 West End Ave., #1100 Nashville, TN 37203-1000

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear Vanderbilt University Medical Center:

I represent John Ryan, Jr. ("Mr. Ryan" or "the patient") in a health care liability matter that will be filed against Vanderbilt University Medical Center ("Vanderbilt") and/or Dr. Daniel Barocas ("Dr. Barocas").

Mr. Ryan underwent surgery at Vanderbilt on or around May 29, 2024 ("the surgery"). The surgery included a robotic assisted laparoscopic prostatectomy and a bilateral laparoscopic robotic pelvic lymphadenectomy. During the procedure, Mr. Ryan's obturator nerve was clipped / severed, and this caused injury and damages to Mr. Ryan. The medical records from Vanderbilt, including the Operative Report, document that the unplanned and mistaken clipping / severing of the obturator nerve occurred during the surgery. The Long Term Disability form signed by Dr. Barocas on or around November 4, 2024 documents some or all of the resulting injuries and damages.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt and Dr. Barocas. This is a personal injury, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt and Dr. Barocas, including its / his employees and agents, and including its / his physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the surgery. This includes, but is not limited to, negligent care related to the clipping / severing of, and injury to, the obturator nerve, and the failure to properly supervise the surgical resident who was involved in the surgery. These failures to comply with the applicable, recognized standard of acceptable professional practice caused injuries and damages to Mr. Ryan.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, permanent injury, past medical expenses, physical pain and suffering – past and future, emotional pain and suffering – past and future, loss of enjoyment of life – past and future, lost income, loss of earning capacity, future medical expenses, and all other available damages available in a personal injury, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:

John Ryan, Jr.

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

John Ryan, Jr. (patient) 1327 Holley Lane Metropolis, IL 62960

The name and address of the attorney sending this notice are:

Brian Cummings Cummings Law 4235 Hillsboro Pike, #300 Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at brian@cummingsinjurylaw.com or at 615-319-4347 (cell).

Sincerely,

Brian Cummings

Enclosures

NAMES & ADDRESSES OF ALL PROVDERS BEING SENT A NOTICE PURSUANT TO TENN. CODE ANN. §29-26-121(a)

<u>Provider</u>	Address – TN Dept of Health	Current Business Address	Registered Agent Address
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson	1161 21 st Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State)	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)
		3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State)	
Daniel Barocas	Vanderbilt Univ. Medical Center 1301 Medical 3800 The Vanderbilt Clinic Nashville, TN 37232	Vanderbilt Univ. Medical Center 1301 Medical Center Dr., #3800 Nashville, TN 37232	

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS				
Patient Name:	·	Date of Birth:	Social Security Number:	
JOHN RYAN	JR.			
To: Any and all health representatives, emplo	care provider	s listed under RECIPIENTS on pay nts	ge 2 of this document, and their	
document to obtain all including, but not limit	records FOR ed to, (a) all :		US listed on Page 2 of this document, ling records, (c) all x-rays, imaging.	
This authorization will Date: 61-62	•	following (fill in the Date or the E Event:	vent but not both)	
Purpose of Disclosure:	Complianc	e with Tenn. Code Ann. § 29-26-12	1	
Description of Informa	tion to be Us	ed or Disclosed: All PHI in Medi	ical Record for All Dates	
 I may refuse to sign this authorization and it is strictly voluntary. If I do not sign this form, my health care and the payment history for my health care will not be affected unless stated otherwise. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation. If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed. I understand my attorney will receive copies of all records received through this authorization. I, through my attorney, will receive a copy of this form after I sign it. SECTION B: NOTICE TO PROVIDER AND RECIPIENT				
The purpose of the release of my records is for review by any and all of the Recipients listed on Page 2 of this document. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN 37215, within five days after the records are obtained via this authorization, if feasible, and with email transmittal being preferred to reduce / eliminate costs.				
SECTION C: SIGNATURES				
I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol. drug, psychiatric, HIV testing, HIV results, or AIDS information.				
Signature of Patient / Plan Member / Guardian / Representative: Date: 1/27 25				
Print Name of Guardian	/ Representa	tive (if applicable):	Relationship to Patient (if applicable):	

RECIPIENTS (Name & Address)	PROVIDERS (Name & Address)
	VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232
DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232	DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232

stam Certified Mail Labels (SDC-3930)

Covered by and/or for use with U.S. Patents 6,244,763; 6,868,406; 7,216,110; 7,236,956; 7,236,970; 7,490,065; 7,567,940; 7,613,639; 7,743,043; 7,882,094; 8,027,927; 8,027,927; 8,027,935; 8,041,644; 8,046,823; 8,103,647; 8,195,579; 8,301,572; 8,392,391; 8,498,943 and 8,843,464. Top of the page WITHOUT Physical Return 3. Peel the Certified Mail label 3. Peel the Certified Mail label above and fold it over your (Uses Return Receipt Card) 1. Apply this label to the TOP below and fold it over your 1. Apply address label above 2. Apply address label below Apply this card to the TOP the existing Certified Mail the existing Certified Mail (No Return Receipt Card) envelope, just above the postage so that it covers envelope, just above the postage so that it covers WITH Physical Return to the back of this card. Each sheet can be used for one Certified Mail piece, which can be sent without Physical Return Receipt Service (Option 🕲) or with Physical Return Receipt Service (Option 🕒). EDGE of the mailpiece. EDGE of the mailpiece. or Return Address when used with when used with to the CENTER of the ← Fold and Tear **Delivery Address** Certified Mail Certified Mail Receipt Service Receipt Service Instructions Instructions mailpiece. marking. c/o National Registered Agents, Inc. 063S0010555000 CERTIFIED MAIL CERTIFIED MAIL CERTIFIED MAIL Vanderbilt Univ. Medical Center C Stamps Knoxville TN 37919-5510 300 Montvue Rd Domestic Return Receipt C. Date of Delivery COMPLETE THIS SECTION ON DELIVERY CERTIFIED MAIL 9414 8118 9956 0511 8448 64 A. Signature: (☐ Addressee or ☐ Agent, D. Is delivery address different from item 1? If YES, enter delivery address below: PS Form 3800 6/02 B. Received By: (Printed Name) \$3.590 \$4.850 \$8.440 3. Service Type Postmark Total Postage & Fees: Postage per piece Certified Fee FEES 4235 Hillsboro Pike, Suite 300 c/o National Registered Agents, Inc. Attach this card to the back of the mailpiece, or on the front if space permits. Vanderbilt Univ. Medical Center Nashville TN 37215-3344 SENDER: COMPLETE THIS SECTION 2. Article Number (Transfer from service label) OUTBOUND TRACKING NUMBER 9414 8118 9956 0511 8448 64 Knoxville TN 37919-5510 PS Form 3811 Facsimile, July 2015 (SDC 3930) ■ Ensure items 1, 2, and 3 are completed. Brian Cummings Cummings Law ARTICLE ADDRESS TO: 300 Montvue Rd 1. Article Addressed to: PageID #: 29 stamps .com Case 3:25-cv-29 of 51 U.S. Postal Service ★ 1-UP Laser Form ★ ★ USA CMF - 134 01/22 ★ **Certified Mail Receipt**

CERTIFIED MAIL

CUMMINGS LAW

Brian Cummings Licensed to practice in TN, GA, FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300 Nashville, TN 37215

Phone: (615) 319-4347 Fax: (615) 815-1876

February 6, 2025

VIA U.S. CERTIFIED MAIL - ELECTRONIC RETURN RECEIPT

Vanderbilt Univ. Medical Center c/o National Registered Agents, Inc. 300 Montvue Rd. Knoxville. TN 37919-5546

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear Registered Agent for Vanderbilt University Medical Center:

I represent John Ryan, Jr. ("Mr. Ryan" or "the patient") in a health care liability matter that will be filed against Vanderbilt University Medical Center ("Vanderbilt") and/or Dr. Daniel Barocas ("Dr. Barocas").

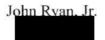
Mr. Ryan underwent surgery at Vanderbilt on or around May 29, 2024 ("the surgery"). The surgery included a robotic assisted laparoscopic prostatectomy and a bilateral laparoscopic robotic pelvic lymphadenectomy. During the procedure, Mr. Ryan's obturator nerve was clipped / severed, and this caused injury and damages to Mr. Ryan. The medical records from Vanderbilt, including the Operative Report, document that the unplanned and mistaken clipping / severing of the obturator nerve occurred during the surgery. The Long Term Disability form signed by Dr. Barocas on or around November 4, 2024 documents some or all of the resulting injuries and damages.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt and Dr. Barocas. This is a personal injury, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt and Dr. Barocas, including its / his employees and agents, and including its / his physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the surgery. This includes, but is not limited to, negligent care related to the clipping / severing of, and injury to, the obturator nerve, and the failure to properly supervise the surgical resident who was involved in the surgery. These failures to comply with the applicable, recognized standard of acceptable professional practice caused injuries and damages to Mr. Ryan.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, permanent injury, past medical expenses, physical pain and suffering – past and future, emotional pain and suffering – past and future, loss of enjoyment of life – past and future, lost income, loss of earning capacity, future medical expenses, and all other available damages available in a personal injury, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:



The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

John Ryan, Jr. (patient) 1327 Holley Lane Metropolis, IL 62960

The name and address of the attorney sending this notice are:

Brian Cummings Cummings Law 4235 Hillsboro Pike, #300 Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at brian@cummingsinjurylaw.com or at 615-319-4347 (cell).

Sincerely,

Brian Cummings

Enclosures

NAMES & ADDRESSES OF ALL PROVDERS BEING SENT A NOTICE PURSUANT TO TENN. CODE ANN. §29-26-121(a)

Provider	Address – TN Dept of Health	Current Business Address	Registered Agent Address
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson	1161 21 st Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State)	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)
		3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State)	
Daniel Barocas	Vanderbilt Univ. Medical Center 1301 Medical 3800 The Vanderbilt Clinic Nashville, TN 37232	Vanderbilt Univ. Medical Center 1301 Medical Center Dr., #3800 Nashville, TN 37232	

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS		
Patient Name: JOHN RYAN, JR. Date of Birth:	Social Security Number:	
Te: Any and all health care providers listed under RECIPIENTS on page 2 of this document, and their representatives, employees, and agents As demonstrated by my signature below, I authorize all of the RECIPIENTS listed on Page 2 of this document to obtain all records FOR ALL DATES from the PROVIDERS listed on Page 2 of this document, including, but not limited to, (a) all medical records. (b) all medical billing records, (c) all x-rays, imaging, and corresponding radiology reports, and (d) any other type of records with any type of information."		
This authorization will expire on the following (fill in the Date or the Event but not both) Date: 61-62-2026 Event:		
Purpose of Disclosure: Compliance with Tenn. Code Ann. § 29-26-121		
Description of Information to be Used or Disclosed: All PHI in Medical Record for All Dates		
 I understand that: I may refuse to sign this authorization and it is strictly voluntary. If I do not sign this form, my health care and the payment history for my health care will not be affected unless stated otherwise. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation. If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed. I understand my attorney will receive copies of all records received through this authorization. I, through my attorney, will receive a copy of this form after I sign it. SECTION B: NOTICE TO PROVIDER AND RECIPIENT 		
The purpose of the release of my records is for review by any and all of the Recipients listed on Page 2 of this document. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN 37215, within five days after the records are obtained via this authorization, if feasible, and with email transmittal being preferred to reduce / eliminate costs.		
SECTION C: SIGNATURES		
I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol. drug, psychiatric, HIV testing, HIV results, or AIDS information.		
Signature of Patient / Plan Member / Guardian / Representative:	Date: 1/27/25	
Print Name of Guardian / Representative (if applicable):	Relationship to Patient (il'applicable):	

RECIPIENTS (Name & Address)	PROVIDERS (Name & Address)
VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232	VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232
DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232	DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232

Each sheet can be used for one Certified Mail piece, which can be sent without Physical Return Receipt Service (Option 🚨) or with Physical Return Receipt Service (Option 🕒).

CERTIFIED MAIL

Brian Cummings

Cummings Law

PS Form 3800 6/02

\$3.590 \$4.850 \$8.440

Postage per piece Certified Fee Total Postage & Fees:

stamps .com

Top of the page

Certified Mail Labels (SDC-3930)Covered by and/or for use with U.S. Patents 6,244,763; 6,868,406; 7,216,110; 7,236,956; 7,236,970; 7,490,065; 7,567,940; 7,613,639; 7,743,043; 7,882,094; 8,027,926; 8,027,927; 8,027,935; 8,041,644; 8,046,823; 8,103,647; 8,195,579; 8,301,572; 8,392,391; 8,498,943 and 8,843,464.

WITHOUT Physical Return Certified Mail Receipt Service

1. Apply this label to the TOP EDGE of the mailpiece. Instructions

Apply address label below to the CENTER of the mailpiece.

3. Peel the Certified Mail label below and fold it over your the existing Certified Mail envelope, just above the postage so that it covers marking.

when used with 🚨 when used with 🕒 or Return Address **Delivery Address**

← Fold and Tear

WITH Physical Return Certified Mail Receipt Service

(Uses Return Receipt Card)

1. Apply address label above Instructions

2. Apply this card to the TOP to the back of this card.

3. Peel the Certified Mail label above and fold it over your the existing Certified Mail envelope, just above the postage so that it covers EDGE of the mailpiece.

(No Return Receipt Card)

063S0010555000 LI Stamps

US POSTAGE IMI FIRST-CLASS FROM 37215

Dr. Daniel Barocas

CERTIFIED MAIL

CERTIFIED MAIL

CERTIFIED MAIL

COMPLETE THIS SECTION ON DELIVERY

A. Signature: (☐ Addressee or ☐ Agent)

C. Date of Delivery

B. Received By: (Printed Name)

Attach this card to the back of the mailpiece, or on the front if space permits.

Ensure items 1, 2, and 3 are completed.

SENDER: COMPLETE THIS SECTION

D. Is delivery address different from item 1? If YES, enter delivery address below:

1301 Medical Center Dr Ste 3800 Vanderbilt Univ. Medical Center Vashville TN 37232-0028

> Vanderbilt Univ. Medical Center Dr. Daniel Barocas

301 Medical Center Dr Ste 3800 Vashville TN 37232-0028

Postmark

4235 Hillsboro Pike, Suite 300 Nashville TN 37215-3344 Case 3:25-cv-

04.43 Postar service **Certified Mail Receipt**

ARTICLE ADDRESS TO:

CERTIFIED MAIL

1. Article Addressed to:

3. Service Type

2. Article Number (Transfer from service label)

PS Form 3811 Facsimile, July 2015 (SDC 3930)

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Domestic Return Receipt

CUMMINGS LAW

Brian Cummings Licensed to practice in TN, GA, FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300 Nashville, TN 37215

> Phone: (615) 319-4347 Fax: (615) 815-1876

February 6, 2025

VIA U.S. CERTIFIED MAIL - ELECTRONIC RETURN RECEIPT

Dr. Daniel Barocas Vanderbilt Univ. Medical Center 1301 Medical Center Dr., Suite 3800 Nashville, TN 37232

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear Dr. Barocas:

I represent John Ryan, Jr. ("Mr. Ryan" or "the patient") in a health care liability matter that will be filed against Vanderbilt University Medical Center ("Vanderbilt") and/or Dr. Daniel Barocas ("Dr. Barocas").

Mr. Ryan underwent surgery at Vanderbilt on or around May 29, 2024 ("the surgery"). The surgery included a robotic assisted laparoscopic prostatectomy and a bilateral laparoscopic robotic pelvic lymphadenectomy. During the procedure, Mr. Ryan's obturator nerve was clipped / severed, and this caused injury and damages to Mr. Ryan. The medical records from Vanderbilt, including the Operative Report, document that the unplanned and mistaken clipping / severing of the obturator nerve occurred during the surgery. The Long Term Disability form signed by Dr. Barocas on or around November 4, 2024 documents some or all of the resulting injuries and damages.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt and Dr. Barocas. This is a personal injury, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt and Dr. Barocas, including its / his employees and agents, and including its / his physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the surgery. This includes, but is not limited to, negligent care related to the clipping / severing of, and injury to, the obturator nerve, and the failure to properly supervise the surgical resident who was involved in the surgery. These failures to comply with the applicable, recognized standard of acceptable professional practice caused injuries and damages to Mr. Ryan.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, permanent injury, past medical expenses, physical pain and suffering – past and future, emotional pain and suffering – past and future, loss of enjoyment of life – past and future, lost income, loss of earning capacity, future medical expenses, and all other available damages available in a personal injury, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:

John Ryan, Jr.

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

John Ryan, Jr. (patient) 1327 Holley Lane Metropolis, IL 62960

The name and address of the attorney sending this notice are:

Brian Cummings Cummings Law 4235 Hillsboro Pike, #300 Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at brian@cummingsinjurylaw.com or at 615-319-4347 (cell).

Sincerely,

Brian Cummings

Enclosures

NAMES & ADDRESSES OF ALL PROVDERS BEING SENT A NOTICE PURSUANT TO TENN. CODE ANN. §29-26-121(a)

Provider	Address - TN Dept of Health	Current Business Address	Registered Agent Address	
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson	1161 21 st Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State)	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)	
		3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State)		
Daniel Barocas	Vanderbilt Univ. Medical Center 1301 Medical 3800 The Vanderbilt Clinic Nashville, TN 37232	Vanderbilt Univ. Medical Center 1301 Medical Center Dr., #3800 Nashville, TN 37232		

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS						
Patient Name: Date of Birth: Social Security Number:						
JOHN RYAN, JR.						
			s listed under RECIPIENTS on page	ge 2 of this document, and their		
representatives.	employees	ड, शारी बहुल	nts			
As demonstrate	d by my si	gnamre be	low, I authorize all of the RECIPIE	SNTS listed on Page 2 of this		
document to ob	tain all rece	ords FOR	ALL DATES from the PROVIDER	US listed on Page 2 of this document,		
including, but n	ot limited	to, (a) all 1	nedical records. (b) all medical bill	ling records, (c) all x-rays, imaging,		
			and (d) any other type of records			
	on will exp		following (fill in the Date or the E Event:	vent out not bothy		
			**************************************	1		
			with Tenn. Code Ann. § 29-26-12			
		n to be Use	ed or Disclosed: All PHI in Med	ical Record for All Dates		
I understand the		ahin anaha	minustinus and it is staintly restruction.			
			rization and it is strictly voluntary. nealth care and the payment history			
affected 1	inicss state	d otherwis	e.			
3. I may rev	oke this au	uthorizatio	n at any time in writing, but if I do	, it will not have any effect on any		
			g the revocation.	viden she unlessed information may no		
			not a nearm plan of nearm care pro- privacy regulations and may poten	vider, the released information may no stially be redisclosed.		
			receive copies of all records receiv			
			ceive a copy of this form after I sig			
SECTION B:	NOTICE	TO PRO	VIDER AND RECIPIENT			
The purpose of	he release	of my reco	ords is for review by any and all of	the Recipients listed on Page 2 of this		
document. THIS	AUTHOR	RIZATION	DOES NOT PERMIT YOU TO D	DISCUSS THESE MATTERS WITH		
THE RECIPIEN	T OR THE	EIR REPK	this authorization by Paciniant sh	SSENCE OF MY ATTORNEYS. All all be copied by Recipient's office and		
medicai recorus a Rates-Number	eq conv sp opramen b	puisuani io nall be fiirn	ished to my counsel. Cummings L	aw. 4235 Hillsboro Pike #300,		
a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN 37215, within five days after the records are obtained via this authorization, if feasible, and						
with email transmittal being preferred to reduce / eliminate costs.						
SECTION C: SIGNATURES						
I have read the above and authorize the disclosure of the protected medical and health information as stated.						
Moreover, I acknowledge and hereby consent that the released information may contain alcohol. drug,						
psychiatric, HIV testing, HIV results, or AIDS information.						
Signature of Patient / Plan Member / Guardian / Representative: Date:						
1/27/25						
Print Name of G	nardian / F	Representa	tive (if applicable);	Relationship to Patient (if applicable):		
I LIME I WHILE OF C	THE PERSON AND A PARTY OF THE P	p. +001.10	are in whitemanners			
				!		

RECIPIENTS (Name & Address)	PROVIDERS (Name & Address)
	VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232
DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232	DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232

Each sheet can be used for one Certified Mail piece, which can be sent without Physical Return Receipt Service (Option 🕲) or with Physical Return Receipt Service (Option 🕒).

4235 Hillsboro Pike, Suite 300

Brian Cummings

Cummings Law

Nashville TN 37215-3344

PS Form 3800 6/02

063S0010555000 US POSTAGE IMI FIRST-CLASS FROM 37215 02/06/2025 C Stamps

WITHOUT Physical Return Certified Mail

stamps .com

3. Peel the Certified Mail label below and fold it over your 1. Apply this label to the TOP Apply address label below envelope, just above the postage so that it covers (No Return Receipt Card) EDGE of the mailpiece. to the CENTER of the Receipt Service nstructions mailpiece.

when used with when used with or Return Address **Delivery Address**

the existing Certified Mail

Top of the page

← Fold and Tear →

WITH Physical Return Certified Mail

Receipt Service

(Uses Return Receipt Card) Instructions

1. Apply address label above 2. Apply this card to the TOP to the back of this card.

Peel the Certified Mail label above and fold it over your the existing Certified Mail envelope, just above the postage so that it covers EDGE of the mailpiece.

Certified Mail Labels (SDC-3930)Covered by and/or for use with U.S. Patents 6,244,763; 6,868,406; 7,216,110; 7,236,956; 7,236,970; 7,490,065; 7,567,940; 7,613,639; 7,743,043; 7,882,094; 8,027,926; 8,027,927; 8,027,935; 8,041,644; 8,046,823; 8,103,647; 8,195,579; 8,301,572; 8,392,391; 8,498,943 and 8,843,464.

Vanderbilt Univ. Medical Center 3800 The Vanderbilt Clinic Nashville, TN 37232 Dr. Daniel Barocas 301 Medical

\$3.590 \$4.850 \$8.440

Total Postage & Fees: Postage per piece Certified Fee

FEES

CERTIFIED MAIL

CERTIFIED MAIL

CERTIFIED MAIL

COMPLETE THIS SECTION ON DELIVERY

A. Signature: (☐ Addressee or ☐ Agent)

D. Is delivery address different from item 1? If YES, enter delivery address below:

C. Date of Delivery

B. Received By: (Printed Name)

CERTIFIED MAIL

Case 3:25-cv-04.53 Postar service **Certified Mail Receipt**

Janderbilt Univ. Medical Center

Dr. Daniel Barocas

ARTICLE ADDRESS TO:

3800 The Vanderbilt Clinic

Nashville TN 37232-0001

Postmark

Attach this card to the back of the mailpiece, or on the front if space permits.

■ Ensure items 1, 2, and 3 are completed

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

41 of 51 PageID # 41 stamps

3. Service Type

CERTIFIED MAIL

2. Article Number (Transfer from service label)

PS Form 3811 Facsimile, July 2015 (SDC 3930)

出るはいいい

Domestic Return Receipt

CUMMINGS LAW

Brian Cummings Licensed to practice in TN, GA, FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300 Nashville, TN 37215

> Phone: (615) 319-4347 Fax: (615) 815-1876

February 6, 2025

VIA U.S. CERTIFIED MAIL - ELECTRONIC RETURN RECEIPT

Dr. Daniel Barocas Vanderbilt Univ. Medical Center 1301 Medical 3800 The Vanderbilt Clinic Nashville, TN 37232

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear Dr. Barocas:

I represent John Ryan, Jr. ("Mr. Ryan" or "the patient") in a health care liability matter that will be filed against Vanderbilt University Medical Center ("Vanderbilt") and/or Dr. Daniel Barocas ("Dr. Barocas").

Mr. Ryan underwent surgery at Vanderbilt on or around May 29, 2024 ("the surgery"). The surgery included a robotic assisted laparoscopic prostatectomy and a bilateral laparoscopic robotic pelvic lymphadenectomy. During the procedure, Mr. Ryan's obturator nerve was clipped / severed, and this caused injury and damages to Mr. Ryan. The medical records from Vanderbilt, including the Operative Report, document that the unplanned and mistaken clipping / severing of the obturator nerve occurred during the surgery. The Long Term Disability form signed by Dr. Barocas on or around November 4, 2024 documents some or all of the resulting injuries and damages.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt and Dr. Barocas. This is a personal injury, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt and Dr. Barocas, including its / his employees and agents, and including its / his physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the surgery. This includes, but is not limited to, negligent care related to the clipping / severing of, and injury to, the obturator nerve, and the failure to properly supervise the surgical resident who was involved in the surgery. These failures to comply with the applicable, recognized standard of acceptable professional practice caused injuries and damages to Mr. Ryan.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, permanent injury, past medical expenses, physical pain and suffering – past and future, emotional pain and suffering – past and future, loss of enjoyment of life – past and future, lost income, loss of earning capacity, future medical expenses, and all other available damages available in a personal injury, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:

John Ryan, Jr.

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

John Ryan, Jr. (patient) 1327 Holley Lane Metropolis, IL 62960

The name and address of the attorney sending this notice are:

Brian Cummings Cummings Law 4235 Hillsboro Pike, #300 Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at brian@cummingsinjurylaw.com or at 615-319-4347 (cell).

Sincerely,

Brian Cummings

Enclosures

NAMES & ADDRESSES OF ALL PROVDERS BEING SENT A NOTICE PURSUANT TO TENN. CODE ANN. §29-26-121(a)

Provider	Address - TN Dept of Health	Current Business Address	Registered Agent Address	
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson	1161 21 st Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State)	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)	
		3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State)		
Daniel Barocas	Vanderbilt Univ. Medical Center 1301 Medical 3800 The Vanderbilt Clinic Nashville, TN 37232	Vanderbilt Univ. Medical Center 1301 Medical Center Dr., #3800 Nashville, TN 37232		

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS						
Patient Name	e Ryan	JR.	Date of Birth:	Social Security Number:		
Te: Any and representativ	all health co	re provider:	s listed under RECIPIENTS on pag nts	ge 2 of this document, and their		
document to including, bu	obtain all re t not limite	cords FOR. d to, (a) all 1	low, I authorize all of the RECIPIE ALL DATES from the PROVIDER nedical records. (b) all medical bill , and (d) any other type of records	CS listed on Page 2 of this document, ling records, (c) all x-rays, imaging,		
		xpire on the 2026	following (fill in the Date or the E Event:	vent but not both)		
Purpose of D	isclosure:	Compliance	with Tenn. Code Ann. § 29-26-12	1		
Description of	f Informati	on to be Use	ed or Disclosed: All PHI in Medi	ical Record for All Dates		
 I may refuse to sign this authorization and it is strictly voluntary. If I do not sign this form, my health care and the payment history for my health care will not be affected unless stated otherwise. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation. If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed. I understand my attorney will receive copies of all records received through this authorization. I, through my attorney, will receive a copy of this form after I sign it. 						
SECTION B: NOTICE TO PROVIDER AND RECIPIENT The purpose of the release of my records is for review by any and all of the Recipients listed on Page 2 of this document. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN 37215, within five days after the records are obtained via this authorization, if feasible, and with email transmittal being preferred to reduce / eliminate costs.						
SECTION C: SIGNATURES						
I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol, drug, psychiatric, HIV testing, HIV results, or AIDS information.						
Signature of Patient / Plan Member / Guardian / Representative: Date: 1/27 25						
Print Name of	Guardian /	Representa	tive (if applicable):	Relationship to Patient (if applicable):		

RECIPIENTS (Name & Address)	PROVIDERS (Name & Address)
VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232	
DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232	DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232
	·



Name and Address of Sender	TOTAL NO. of Pieces Listed by Sender TOTAL NO. of Pieces Received at Po	at Office™ Affix Stamp Here	Paraint
Cummings Law 4235 Hillsboro Pike #300 Nashville, TN 37215	6 6 Postmaster, per (name of receiving employee)	Postmark with Date of WHITE STATES POSTAL SERVICE 0000	U.S. POSTAGE PAID NASHVILLE, TN 37215 FEB 06, 25 AMOUNT \$3.90 \$2324P502773-30
USPS [®] Tracking Number Firm-specific Identifier	Address (Name, Street, City, State, and ZIP Code™)	Postage	Fee Special Handling Parcel Airlift
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	Nashville, TN 37232 Vanderbilt Univ. Medical Center		Se Con Se
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3. 9414811899560511002585	Vanderbilt Univ. Medical Center 3322 West End Ave., #1100	8.44	CATALOGO SE PALA
	Nashville, TN 37203-1000 Vanderbilt Univ. Medical Center		
4. 9414811899560511844864	c/o National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546	8.44	
5. 9414811899560511021876	Dr. Daniel Barocas Vanderbilt Univ. Medical Center 1301 Medical / 3800 The Vanderbilt Clinic	8.44	
6. 9414811899560511096508	Nashville, TN 37232 Dr. Daniel Barocas Vanderbilt Univ. Medical Center	8.44	
	1301 Medical Center Dr., #3800 Nashville, TN 37232	0.11	

Document 1

EXHIBIT 2

UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF TENNESSE AT NASHVILLE

	RYAN, JR.,)	Civil A	etion No.:	
MEDIC BAROC	v. ERBILT UN EAL CENTE EAS, M.D., Defendant.)	Jury De	emand	
			CERTIFICA	TE OF GO	OD FAITH		
below as	nd sign your	name be heck iter	neath the item	you have ch	ecked, verify	following: (Checking the information will make this continuate the	ntion you have
	1. provide they:					(1) or more expupon informati	
		(A) and	Are competer	nt under §29	-26-115 to e	xpress opinion(s) in the case;
		at issu	s concerning the, that there is	ne care and to a good fait	reatment of t h basis to m	available from he Plaintiff for taintain the action of §29-26-115.	the incident(s)
				uan a ture of Plai		represented, or	Signature of

Plaintiff's Counsel

- 2. Counsel for the Plaintiff consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:
 - (A) Are competent under §29-26-115 to express opinion(s) in the case; and
 - (B) Believe, based on the information available from the medical records reviewed concerning the care and treatment of the Plaintiff for the incident(s) at issue and, as appropriate, information from the Plaintiff or others with knowledge of the incident(s) at issue, that there are facts material to the resolution of the case that cannot be reasonably ascertained from the medical records or information reasonably available to the Plaintiff or Plaintiff's counsel; and that despite the absence of this information there is a good faith basis for maintaining the action against the Defendants consistent with the requirements of §29-26-115. Refusal of the Defendants to release the medical records in a timely fashion, or where it is impossible for the Plaintiff to obtain the medical records waives the requirement that the expert review the medical records prior to expert certification.

Signature of Plaintiff if not represented, or Signature of Plaintiff's Counsel

B. You MUST complete the information below and sign:

1. I have been found in violation of T.C.A. §29-26-122 ____ prior times. (Insert number of prior violations by you.)

Signature of Person Executing This Document

4-13-25Date

Years ago, counsel for the Plaintiff previously marked on this type of form ("Certificate") for a relatively short period of time that there was "1" prior violation. After that time, counsel for the Plaintiff realized that the "1" violation was not attributable individually to counsel for the Plaintiff for purposes of this form to be a "prior violation by you," including because (1) that prior "violation" was by co-counsel from another law firm, (2) there were supporting experts

for the claims in the document signed and filed by co-counsel, and (3) there was not a Tenn. Code Ann. §29-26-122(d) hearing held by a Court (and therefore no violation of Section (d) was found) because it was not a situation where a plaintiff was unable to provide expert proof to defeat a dispositive motion. For approximately one year, counsel for the Plaintiff included a footnote on his signed and filed Certificates that marked his improved understanding that he personally had "0" violations and explaining with a footnote why he no longer marked "1" on the forms. Then for subsequent years, counsel for the Plaintiff marked "0" without including an ongoing footnote and with no one claiming that this was inaccurate or concerning in any way. Because opposing counsel / defense counsel in another matter recently raised the issue (unsuccessfully) to a court about the lack of an ongoing footnote and the "0" vs. "1" issue, this footnote is included on this form. With that said, (1) counsel for the Plaintiff has never been found in violation of Tenn. Code Ann. §29-26-122, and (2) counsel for the Plaintiff has never been found in in violation of Tenn. Code Ann. §29-26-122 in any amount / number of times to require that any type of bond be filed with the Complaint. Finally, in April 2024 counsel for the Plaintiff obtained an informal opinion from the Tennessee Board of Professional Responsibility on this issue that states that counsel for the Plaintiff indicating "0" on this type of form appears to be acceptable and appears to be in good faith under the facts.